Discussion: Adenomatoid tumors are the most common paratesticular neoplasms and involve approximately 30% of all paratesticular masses. There are several theories about their histogenesis: mesothelial, Müllerian, mesonephric, and endothelial origin. The mesothelial origin is the most widely accepted. Adenomatoid tumours usually involve the genitourinary system in both males and females. Fallopian tubes, ovaries and uterus are common areas for females, and epididymis, testes, spermatic cord, ejaculatory ducts are common in males. These tumors are usually located in the tail part of the epididymis usually as a separate mass with a mean age of presentation between 30 to 40 years. Clinical presentation can vary from asymptomatic small masses to very painful masses in the scrotum region which can be confused for torsion. Ultrasonography is the initial investigation of choice with high sensitivity and specificity rates. Ultrasound examination demonstrates well circumscribed uniformly hypoechoic mass, that are usually avascular but may demonstrate internal vascularity on colour flow Doppler imaging. MRI helps in diagnosis as the lesion appears hypointense to surrounding parenchyma arising from testicular surface and enhances less than the normal testis on post contrast administration. By considering rare benign intratesticular tumors in the differential diagnosis of testicular masses, normal levels of preoperative serum tumor markers combined with intraoperative histologic examination can offer the surgeon to clues of this rare benign tumor. The intraoperative frozen section should be considered.

NDP005:
TESTICULAR CAPILLARY HEMANGIOMA: CASE REPORT

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Case Presentation: A 17 year-old boy found left testicular mass with tenderness by himself, and then visited our urology outpatient department for help. At OPD, physical examination showed a hard nodule in left testis with tenderness, B-HCG and AFP were normal. Then sonography of scrotum and CT of abdomen was arrange for further evaluation. Both of image examinations showed a small hypervascular nodule in lower pole of left testicle, but no definite lymphadenopathy or mass in the retroperitoneal space or inguinal regions were found. For hypervascular tumor of testis, differential diagnosis included vascular malformation, or germ cell tumor. As germ cell tumor cannot be rule out, surgical intervention was suggested. The patient was admitted and operation was arranged on. During operation, a well circumscribed tumor in left scrotum near epididymal tail was found, the tumor was homogenous, brownish and easy bleeding, tumor size was about 1.5 x1.5 cm, frozen section of tumor was sent and showed hemangioma with low N/C ratio microscopically. Therefore, tumor excision with testicle sparing was done according to frozen section result. The final pathology report of the tumor was capillary hemangioma, which was a benign testicular tumor.
Discussion: Testicular capillary haemangioma is an exceptionally rare tumor. Capillary haemangioma of the testis can be similar to malignant testicular tumors on clinical presentation, as well as on ultrasonography and computed tomography, and therefore should be included in the intraoperative differential diagnosis. Because of the benign nature of this lesion, conservative surgical treatment by means of tumor enucleation with preservation of the testis is possible, if intraoperative examination of frozen sections of representative tissue can be performed.

NDP006:
GNRH AGONIST INDUCED ACUTE FULMINANT HEPATITIS IN PATIENT WITH PROSTATE CANCER-CASE REPORT

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An 85 year old man with history of locally advanced prostate cancer received monotherapy with anti-androgen since 1997. Due to prostate specific antigen progression (>500 ng/mL), systemic chemotherapy with taxotere was performed one year ago. Because of intolerance for chemotherapy, the patient went to our outpatient department for secondary opinion. We then applied complete androgen blockade with anti-androgen and GnRH agonist. Three days later, the patient was sent to emergent department due to poor appetite and conscious disturbance for two days. History taking revealed no hepatitis B, hepatitis C, drug abuse and alcohol consumption. Physical examination showed normal vital sign without scleral icterus. There was no tea color urine or clay stool found. The blood biochemistry revealed abnormal data with AST 1637 U/L, ALT 3413 U/L and total bilirubin 0.6 mg/dL. Abdominal sonography at emergent department found fatty liver without distention of gallbladder. Under the impression of acute fulminant hepatitis, the patient was admitted for conservative treatment.
A series of examination was arranged after admission. HAV IgM and HCV antibody showed negative. Negative of HBV surface antigen with positive of HBV surface antibody were noted. Other serologic examination revealed negative finding of virus infection including CMV, EBV and HSV. Autoimmune hepatitis was also excluded by normal range of ANA titer. Other cause including ischemia, acetaminophen, toxin and alcohol were unlikely due to lack of evidence.
Under supportive treatment with adequate hydration and silymarin therapy, the conscious got improved and liver enzyme decreased gradually. The final data of AST/ALT was 597/337 (U/L) one week later after admission. According the history and serologic examination, this episode of acute fulminant hepatitis might be induced by GnRH agonist.
Conclusion: GnRH agonist is used as hormone therapy for controlling prostate cancer with anti-androgen. However, drug toxicity induced acute fulminant hepatitis was observed in this case. We should pay more attention for symptom and liver function in patients who received GnRH agonist therapy.

NDP007:
PARATESTICULAR DEDIFFERENTIATED LIPOSARCOMA—A CASE REPORT

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Background: Paratesticular liposarcomas are rare tumors which account for 12% of all liposarcomas. They must be differentiated from tumors of testicular origin which have extension to the spermatic cord.
Clinical Case: We reported a case of a 72-year-old male who had presented with a painless swelling mass in the left hemiscrotum, which was of 10 years' duration. Initially, a clinical impression of scrotal tumor was made; however, CT of the scrotum revealed a spermatic cord mass. The mass was managed by excisional biopsy and later pathology reported dedifferentiated liposarcoma with margin involvement. Metastatic work-up, which included CT of the abdomen and pelvis and chest X ray, did not reveal any distant metastasis. Patient underwent high orchidectomy with skin excision. Histopathological studies confirmed the diagnosis of dedifferentiated liposarcoma with clear surgical margin.
Conclusion: Liposarcomas of the spermatic cord represent a rare type of tumors, which are often misdiagnosed preoperatively. Being a rare disease and varied type of presentation, paratesticular liposarcoma should be considered as a possibility during the differential diagnosis of fat containing inguino-scrotal mass.

NDP008:
TUMOR MARKER OREINTATED CHEMOTHERAPY IN CANCER OF UNKNOWN PRIMARY SITE: A CASE REPORT AND LITERATURE REVIEW

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A case of a 56-year-old woman, who presented with acute abdomen, was diagnosed retroperitoneal poorly differentiated carcinoma of unknown primary site without ovarian involvement. We encountered failure attempt of tumor excision initially. In spite of a primary lesion was not confirmed, we performed tumor maker (CA-199) orientated chemotherapy with the regimen of carboplatin and paclitaxel according to tumor markers and pathological findings.